

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission **16**

Application Number	10/649,443
Filing Date	August 26, 2003
First Named Inventor	Robert J. Higgins
Art Unit	2618
Examiner Name	Milord, Marceau

Attorney Docket Number **CM06374J**

**ENCLOSURES**

**(check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Drawing(s)  |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-Related papers  |
| <input checked="" type="checkbox"/> Amendment/Reply                             | <input type="checkbox"/> Petition  |
| <input checked="" type="checkbox"/> After Final                                 | <input type="checkbox"/> Petition to Convert to a Provisional Application                |
| <input type="checkbox"/> Affidavits/Declaration(s)                              | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Terminal Disclaimer   |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Request for Refund  |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> CD, Number of CDs _____   |
| <input type="checkbox"/> Certified Copy of Priority Documents                   |  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |  |
| <input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 |  |

- |  |   |
|--|---|
| <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC)      |
| <input type="checkbox"/> Licensing-Related papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter with appropriate copies                          |
| <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Other Enclosure(s) (please identify below)                     |
| <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> CD, Number of CDs _____   |   |

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Barbara R. Doutre	Registration No.	39,505
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Signature /Barbara R. Doutre/

Date November 27, 2007

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:

Typed or printed name

Signature

Date